

SUMMARY OF THE HOURLY TASK GUIDELINES WORKGROUP

Organizer: CDSS Adult Programs Branch, Quality Assurance Bureau
Location: Health & Human Services Data Center, 9323 Tech Center Drive,
Conference Room 2, Sacramento, California
Date: March 15, 2006
Time: 10:00 A.M. – 1:00 P.M.

The meeting was attended by consumers, providers, various State and county staff, advocacy groups, public authority representatives, Senate staff, CWDA, and union representatives in person and via teleconference.

Attendees signed in and received the following handouts: Agenda; Field Test Findings; Field Test Exception/Explanation Log; Hourly Task Guidelines Field Test Statistical Bar Chart Results, Field Test Total Statewide caseload breakdown for each category and a PowerPoint presentation entitled “Hourly Task Guidelines Field Test.”

Brian Koepp, Chief, Quality Assurance Bureau (QAB), commenced the meeting by welcoming attendees, making introductions and providing a brief summary of activity since the last Hourly Task Guidelines (HTGs) Workgroup. Brian then indicated that today’s agenda will focus on reviewing the HTG field test findings, recapping activities, and closure of the workgroup.

Brian recapped the purpose of the Workgroup. As part of SB 1104 and as a result of the QA initiative, CDSS was asked to develop HTGs that represented a normal range of time for specific service tasks and exceptions. CDSS was also asked to use any existing utilization patterns as part of the process. As a result of the past 12 months of ongoing HTG workgroup meetings, a lot of data was analyzed from many different angles. As a workgroup, we came up with 12 Categories of Services needing time guidelines. We looked at those and identified the unique and special requirements of those tasks that counties needed to consider in service authorizations. That led CDSS to the development of the Task Tool guide.

The Task Tool guide was developed through a lot of input from the whole group and subject matter expert subcommittees. The Task Tool provides a definition for each task and provides an outline for social workers to think about when considering service authorizations, thinking about those activities that may cause extraordinary service hours as well.

The next step was to develop a method for trying to figure out a “normal range of time per task.” CDSS looked inside and outside of California regarding other states’ use of time. A lot of data was shared back and forth about what we found in and out of state and in different areas. We eventually opted for the use of Case Management Information Payrolling System (CMIPS) as the existing utilization pattern that best fits our needs to establish a normal range of time. Then the issue came up of how to utilize

CMIPS, how to include in all the data, make it workable; and apply it to establish the normal ranges of time.

There were different methodologies evaluated. One of them was standard deviation. We applied different ones to see where it would take us and if it fit or not. This was a challenge due to the unique population that we are dealing with, but finally we came up with the Interquartile by functional impairment methodology that we believe best fit our needs. In using the Interquartile, we were able to come up with a range of time for tasks identified from the 12 Categories of Services needing time guidelines and exception criteria to consider more or less time than the HTG ranges.

Once that task was completed, CDSS with the assistance of CWDA was asked to field test proposed HTGs. CDSS formed a Field Test Design Sub-Committee that put together the field test to take place for the month of January 2006. However, some sub-committee members objected to providing social workers with the proposed time ranges prior to implementation of regulations, so time ranges were removed from the HTG Task Tool for the field test.

Joan Boomer, CDSS, QAB. provided an overview with a PowerPoint presentation entitled "Hourly Task Guidelines Field Test." Joan indicated that the field testing was completed in January 2006. CDSS was looking at two things:

1. Development of Task Tool – The Tool was to assist workers to be consistent in how they define tasks and reflect a consistent manner of evaluating service authorizations throughout the state. The Task Tool defines the task and common elements and reasons for exceptions where consumers may need more time or less time. We were evaluating its usefulness to social workers when doing assessments, and if the criteria workers identified in the test that make the person need the care fit with the most common criteria we listed on Tool to see if we needed to make changes.
2. Authorization Practices –Although CDSS did not provide the workers who participated in the field-testing the proposed ranges, CDSS wanted to see whether the time that social workers authorized was similar/different to proposed HTGs. The field test authorization trends representing a sub-sample of 573 recipients, was compared against the trends used to calculate the proposed time ranges based on February 2005 CMIPS statewide caseload data.

Six counties (Humboldt, Kern, Lassen, Riverside, San Bernardino and Santa Barbara) volunteered to conduct the HTGs. Each county designated the social workers that were going to be involved in the field test. In some counties that was all social workers that work in IHSS. In other counties, they were smaller groups, or district offices involved. Those designated social workers were trained in how to use the Task Tool in the field test. The designated social workers conducted 962 assessments using the Task Tool (without time ranges) the entire month of January 2006. County staff recorded explanations having to do with the Task Tool. (A list identifying these explanations,

which consisted of short phrases explaining what was usual and what created the need for the consumer.)

CDSS reviewed the Task Tool documentation/explanations. The social workers recorded 142 explanations (94 cases regarding the 12 Categories of Services applicable to the proposed HTGs reported.) The Task Tool is also to identify some extraordinary circumstances associated with tasks in providing care for a consumer. There was one exception/explanation (combative consumer) that was listed fairly often in the documentation of needs. CDSS has added combative consumer to the personal care service categories of the Task Tool and Regulations package.

Social workers reported that they felt that the Task Tool was helpful in completing assessments. The tasks were clearly defined and it was an understandable and useful tool in the authorization of services and allocating the actual need to the service category. The Task Tool did not increase the amount of time it takes for completing assessments or reassessments.

CDSS wanted to learn from the experience and ensure that the regulations that were going to Public Hearing adequately reflected the most common behaviors that social workers encounter, and the field test achieved that purpose.

CDSS then did a random sample pool of 100 intake new assessments and 100 reassessments completed by the field test counties. If a county had less than 100 assessments or reassessments, CDSS evaluated the entire assessments and reassessments completed by that specific county. CDSS pulled a random sample of 573 services authorizations.

Joan Boomer, CDSS, QAB, presented a PowerPoint presentation that summarized the series of data sets and charts comparing HTG field test statistical results for the 12 Categories of Services provided with Statewide Caseload field test totals (see attached).

Some of the workgroup members wanted the six data sets that counties provided, prior to being combined, to be tested for consistency and to test the effectiveness of the QA Project.

Julie Lopes, Manager, QAB, read language from the SB 1104, to reiterate that the statute already identified that there was an issue with inconsistencies and the charge of the workgroup was to develop HTGs because of statewide inconsistencies. She read language from the Statute regarding CDSS' charge to develop a standard tool for consistency and accuracy in assessing service needs and hours. The tool would allow all social workers to be looking at the same things while conducting assessments.

Other points were made about testing the impact of writing exceptions on the social workers' decision-making process to authorize time--given that the Interquartile methodology should reflect in approximately 50 percent of the cases to require an exception. It was asserted that because caseloads are high, workers will inappropriately authorize times within the HTG ranges to avoid extra documentation.

Joan indicated that we are not expecting 50 percent of the cases to be documented exceptions and that there should be some change in authorizations. She added the problem that led to legislation to develop HTGs was due to inequities in service authorizations from county to county. Frequently, when consumers change locations from one county to another and their household composition and environment is similar, their authorizations are vastly different and this is what we want to resolve by this process. Further, she stated that writing exceptions is a matter of a few phrases and is not creating an excessive workload for social workers.

Brian then stated when talking about documentation at the county level it exists in every case regardless of the hours the consumer receives. There is the expectation that you must document information regarding services authorized.

A workgroup member representing Home Care Council stated concerns around the challenges that social workers currently face. She inquired about a list of what would be considered an exceptions and how to make it user friendly for social workers.

CDSS replied that a list of some exceptions were built into the Task Tool and regulations.

A county IHSS social worker/public health nurse commented that she is one who goes out and conducts IHSS assessments and that county staff are documenting service authorizations currently. Documentation is a must and this is not an added workload. Social workers must document why, how many times a day, how many times a week for services, and exceptions should not be an added workload.

Erik Fair, CWDA and Orange County Manager, stated that test counties' social workers provided their feedback and concurred that this is what they normally do. One of the things that the social workers liked about the task guidelines is that it honors the social workers' judgment as far as what are exceptions. It gives samples of possible exceptions, and a social worker can identify a need beyond the ranges as long as the social worker documents that need. Erik concluded that he was confident that social workers have a tool that is workable and resulting documentation is within the context of what they perform based on the feedback from the field test.

Brian then introduced Dr. Ernest Cowles, California State University, Sacramento (CSUS), to provide a brief explanation on what interquartile means and to answer any questions the group may have. Dr. Ernest Cowles explained that when we take any particular distribution of numbers if we cut off the top 25 percent and the bottom 25 percent and just use what is in the middle that is called the Interquartile. Because it basically goes by quarters, you have a bottom quarter and top quarter, and the Interquartile methodology slices out the middle two quarters to eliminate the extreme values. Dr. Cowles walked everyone through the distribution process and gave a brief overview of the data distributed to the workgroup.

Some group members again expressed concerns about the reliability of the data and the field test sample size not being big enough. They disagreed with CDSS moving forward with data gathered. They also reiterated the request to look at data collected by

each of the field test counties and information about the social workers used in the field test.

Some workgroup members representing counties that were part of the field test sub-committee pointed out that when counties were recruited for the field test, it was on the basis of testing the Tool to measure its utility for use by the social workers. It was not the intended purpose of the field testing to review social worker demographics or county specific information. It was also noted that conclusions of field test data is really a small snapshot; whereas, the data used to develop the proposed Interquartile is representative of the entire statewide caseload (February 2005). The two issues that came out of the field test were that the tool was helpful in completing assessments and it did not create an additional workload. This indicates we are on the right track. The Tool combined with social worker training is allowing us to go in the right direction for a more consistent process for evaluations.

Brian Koepp then emphasized that the data sets that were distributed was the aggregated version of the six counties that participated in this field test. CDSS used this data as a whole to do our calculations, as advised by research staff. He assured the workgroup members that CDSS recognizes their concerns and that there will be more discussion between CDSS and CWDA regarding sharing of the county-specific data.

Prior to closing the meeting, Brian read an e-mail at the request of a telephone participant to address a few questions on time per task guidelines, cost, exceptions, assessments needs and suggested language for the regulations workgroup. Brian addressed questions by reiterating that the purpose of HTGs was to provide a guide-- not to automatically reduce hours and/or mandate standards. Needs assessments are still individualized.

Eva Lopez, Chief, of Adult Programs Branch, made a closing comment that certain members of the sub-committee are responsible for developing a consumer survey regarding the assessments/reassessments that were performed during the field testing. Once that is developed CDSS will share findings with all workgroup members.

Brian thanked the workgroup members for their hard work, time, and valuable input. He then stated that the workgroup achieved its purpose that the Public Testimony period for the HTG regulations is scheduled for May 17, 2006, and that we will be continuing dialogue through the primary periodic Stakeholders meetings. Brian then informed the group that the next Stakeholders Meeting is anticipated to be held in June 2006, and Eileen Carroll, Chief, Adult Programs Operations Bureau, announced that the next Regulations Workgroup will be held in the Summer of 2006. Brian then closed the workgroup.

**HOURLY TASK GUIDELINES WORKGROUP
ATTENDEES AT THE MARCH 15, 2006 MEETING**

Name	Organization
Joe Carlin	CDSS
Eva L Lopez	CDSS
Brian Koepp	CDSS
Joan Boomer	CDSS
Julie Lopes	CDSS
Linda Williams	CDSS
Beatriz Sanchez	CDSS
Kevin Fiala	CDSS
Elizabeth Cervantez-Salas	CDSS
Erik Fair	CWDA/Orange Co.
Jovan Agee	UDW
Loretta Stevens	Homecare Council
Steve Ferguson	ADDUSS Homecare Council
Rosa Magana	Stanislaus Co./IHSS
Kathleen Schwartz	Sacramento Co./DHHS/IHSS
Jean Dancy	Sacramento Co.
Jarrett Oddo	Sacramento Co./QA
Scott Braithwatte	Sacramento Co./ IHSS/QA
Bernie Finnfran	CA Dept of Health Services
Lisa Poley	Stanislaus Co.
Jonnie York	Stanislaus Co.
Fred Nissan	PAI
Sergio Contreras	SEIU Local 434B
Erica Schroeder	ISR/CSUS
Debra Thomson	Yolo Co.
Karlen Harmison	CDSS State Hearings
Anastasia Dodson	Senate Budget
Susan Carlson	Stanislaus Co./IHSS
Ernest Cowles	CSUS/ISR
Toua Thao	Sacramento Co./QA
Crystal Padilla	PAI
Sharon Rehm	Sacramento Co./IHSS
Pamela Ng	Sacramento Co./IHSS/QA
Pamela Cao	Sacramento Co./IHSS/QA
Teddie-Joy Reimheld	PASC Public Authority
Melody McInturf	Sacrametno Co./IHSS/QA
John Stansbury	Marin Co.PA
Bernadette Lynch	Public Authority
Deborah Doctor	PAI
Randy Hicks	Sacramento Co./CDR
Herb Mayer	Marin Co./PA
Carolynn Heilig	Marin Co./PA
Diana Kalcic	CWDA

Hourly Task Guidelines Field Test

Workgroup Meeting
March 15, 2006



What was the Field Test?

- An evaluation of the Task Tool
 - Is it a helpful tool for IHSS Social Workers?
 - Does it identify the most common exceptions?
- Without being influenced by proposed HTGs, do the Field Test authorization trends mirror those proposed resulting in at least 50% of the consumers' needs falling within the Interquartile?

How was it done?

- 6 counties volunteered to conduct the Field Test
- Designated Social Workers were trained in using the Task Tools for Field Test
- Designated Social Workers were not given the proposed HTG times
- The Field Test was conducted during the month of January 2006

What happened?

- County Social Work staff conducted 962 assessments, using the new Task Tools
- County staff recorded Task Tool exceptions/explanations on a list developed specifically for the Field Test
- County staff authorized care without regard to proposed HTG times

Evaluation Process

- CDSS reviewed and evaluated documented Task Tool exceptions
- CDSS evaluated authorizations
 - CDSS pulled a random sample of 100 assessments and 100 reassessments from each county
 - All cases were evaluated from Counties with less than 100 assessments or reassessments
 - Authorizations of 573 consumers were evaluated

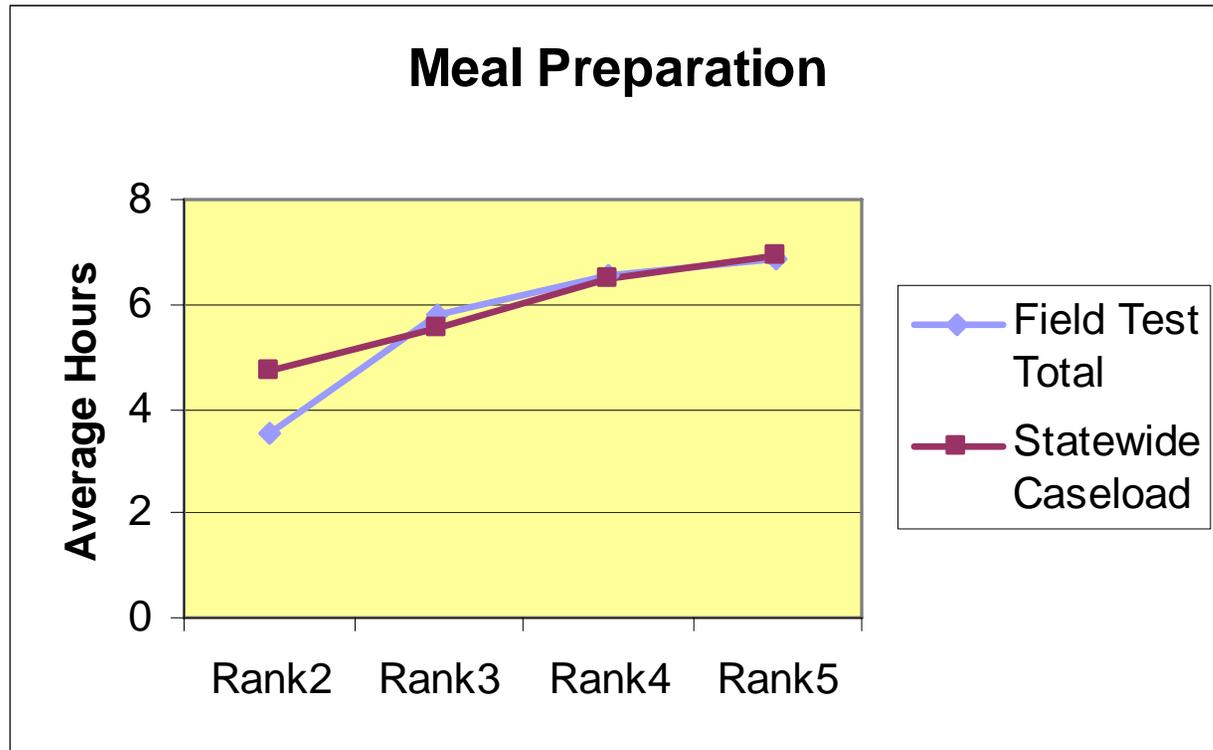
Task Tool

- Social Workers reported that the Task Tool was helpful in completing assessments
 - Clearly defined task
 - Clearly defined elements of the tasks
- Social Workers reported that the Task Tool process did not increase their workload

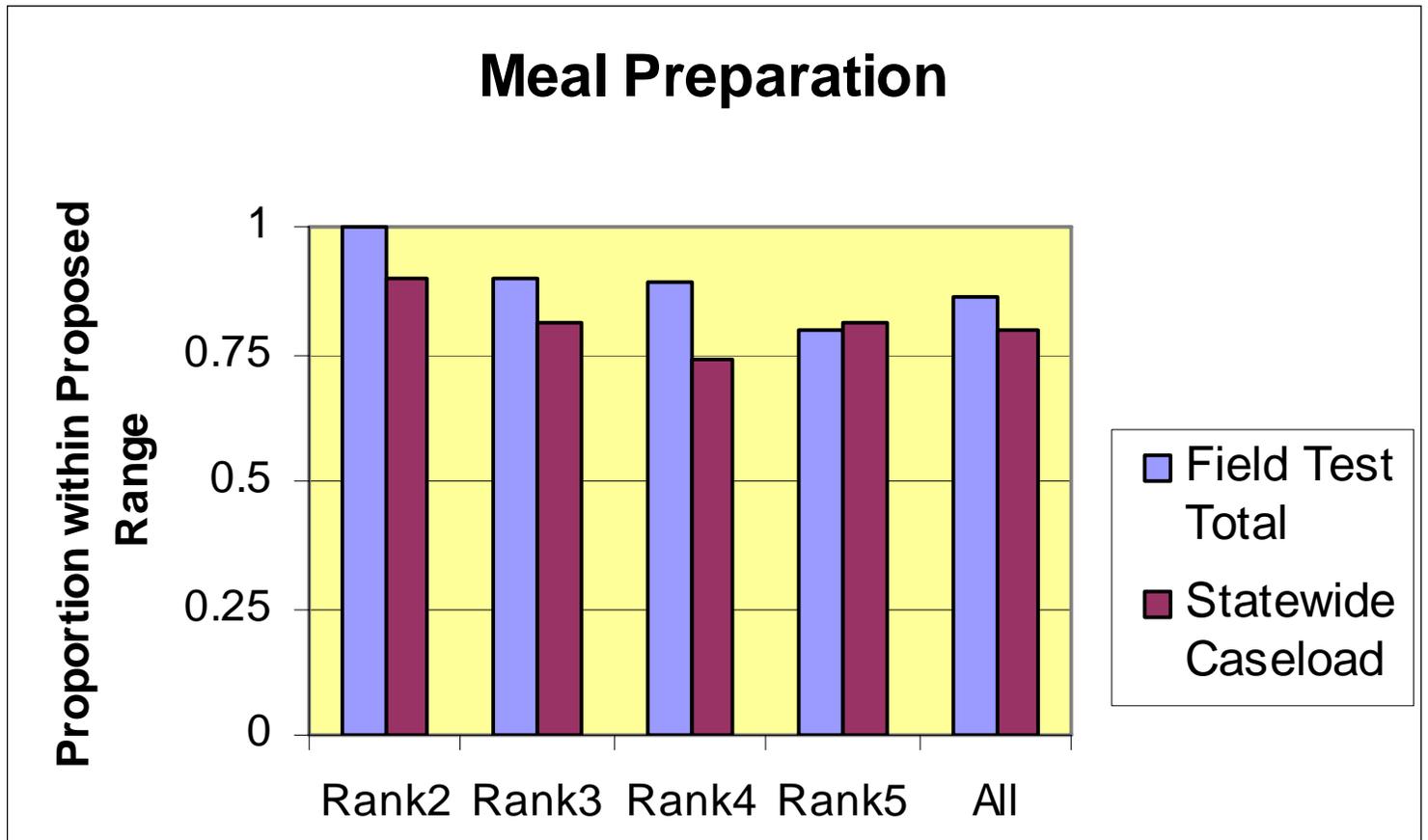
Task Tool Exceptions/Explanations

- 142 explanations were completed by county Social Workers
- With one exception, the listed explanations were covered by the Task Tools
- That explanation, “consumer is combative,” was added to the personal care Task Tools

Reading Average Hours Slides



Reading Proportion Slides



Assessed Hours

- Field Test was conducted by 6 counties that volunteered to participate
- The results were similar to the Statewide data in many areas, although there were some differences

Authorization Trends

- ~55% of the ranks were within the proposed HTG ranges
- ~63% of the ranks were within 5% of the Interquartile (IQ); ~71% were within 10%
- Of the 11 tasks more than 10% outside the IQ, 68% were below; 32% were above
- Averages for all but 2 ranks were within the proposed HTG ranges

Authorization Trends (Cont.)

- 54% of all needs fell within the proposed HTG ranges
- Of the 46% that fell outside, 57% were below the proposed ranges; 43% were above
- 76% of all assessments were within 15 minutes per week of the proposed ranges

Field Test Conclusions

- The Task Tools are well designed and accurately define task components and common exceptions
 - One common exception, “combative client,” was identified and added to the Personal Care Task Tools
 - Thank you, CWDA and Stakeholders, for the efforts in making the tools so good

Field Test Conclusions (Cont.)

- Documentation will be no more time consuming than the documentation for a current assessment
- More than 50% of the consumers' needs will fall within the proposed HTGs

General Conclusions

- The Task Tools foster consistency in needs assessment process
- The HTGs make authorizations equitable from county to county and worker to worker
- The exception process is the safety net for those with extraordinary needs
- The exception process will require no more documentation than already expected

General Conclusions (Cont.)

- The Task Tools and HTGs, in combination, address the current inequity in the IHSS Program
- Public Hearing for the HTG implementation regulations is tentatively scheduled for May 17

HOURLY TASK GUIDELINES (HTG) FIELD TEST (JANUARY 2006)

OBJECTIVES

- Identify any areas within the HTG Task Tools that reflected the need for additional clarifying language.
- Compare and determine whether the authorization trends follow those from which the HTGs were developed. County staff were instructed to authorize hours without considering the proposed HTG time-per-task hours.
- Proposed times were not provided as part of the Field Test, although an attempt to measure the validity of using an Interquartile methodology was undertaken.

Field Test Counties: Humboldt, Kern, Lassen, Riverside, San Bernardino and Santa Barbara, with each county selecting social worker staff to participate in the Field Test.

Sample Methodology: One hundred randomly selected assessed and reassessed cases each from a participating county. If a county had less than 100, all cases within the month were used.

FIELD TEST FINDINGS

Task Tool

- Evaluation of the Task Tools by test social workers was very favorable, as they indicated the tools provided valuable information for social workers to consider as part of the assessment process and did not increase their workload.
- Only one area (“combative client”) was noted that was not already identified in the Task Tool.

Authorization Trends

Rank Findings

- Approximately 55 percent (21 out of 38) of the Functional Index (FI) ranks were in the proposed Interquartile HTG ranges.
- Approximately 63 percent (24 out of 38) of the ranks fell in or within 5 percent of the proposed Interquartile HTG ranges, and 71 percent (27 out of 38) of the ranks fell in or within 6 to 10 percent of proposed Interquartile HTG ranges.
- Of the 11 ranks that were outside the range by more than 10 percent, approximately 68 percent were assessed below the proposed ranges and 32 percent were assessed above.
- The averages for all task ranks fell in the proposed HTG ranges with the exception of two (Rank 5 in Meal Preparation and Rank 2 in Feeding).

Need Findings

- Of the 3,556 total needs assessed for the 573 recipient sub-sample (recipient needs can be in all 12 service categories), over half (54 percent) of the total needs fell in the proposed ranges and 46 percent fell outside.
- Of the 46 percent of total needs that fell outside, approximately 57 percent were assessed below the proposed ranges and 43 percent were assessed above.
- Approximately 76 percent of recipients' total needs were in or within 15 minutes (.25) of the proposed ranges.

General Findings

- Overall Field Test authorization averages mirrored the statewide trends used to calculate the proposed ranges. The primary differences were in three tasks (Meal Prep, Meal Cleanup, and Feeding) for Rank 2 and in one task (Ambulation) for Rank 5.

- Field Test data indicated that some test counties might not have based assessed hours on the client's FI level, as evidenced by the continuous use of the same allocation of time for a task.

CONCLUSION—FIELD TEST FINDINGS MET THE PRE-IMPLEMENTATION OBJECTIVES

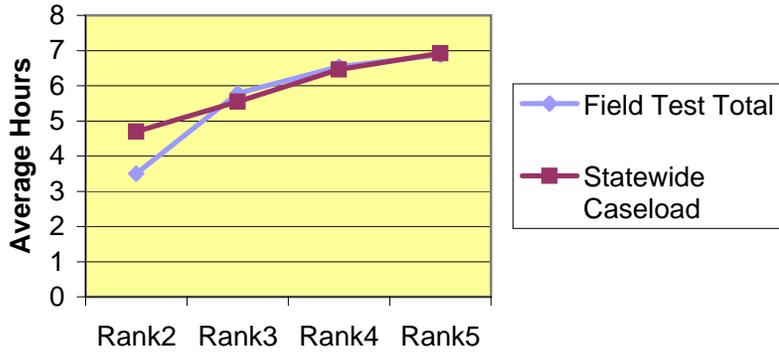
- The Field Test indicated that 50 percent or more recipients' needs should fall in the proposed HTG ranges.
- The Field Test indicated that the Task Tool was well-designed, accurately identified primary tasks and/or considerations as identified by Stakeholders, and that the process was not time consuming.
- The Field Test was successful in identifying any new tasks and/or considerations not previously addressed (i.e., "combative client") was noted and added.

RATIONALE FOR THE PROPOSED HTGS

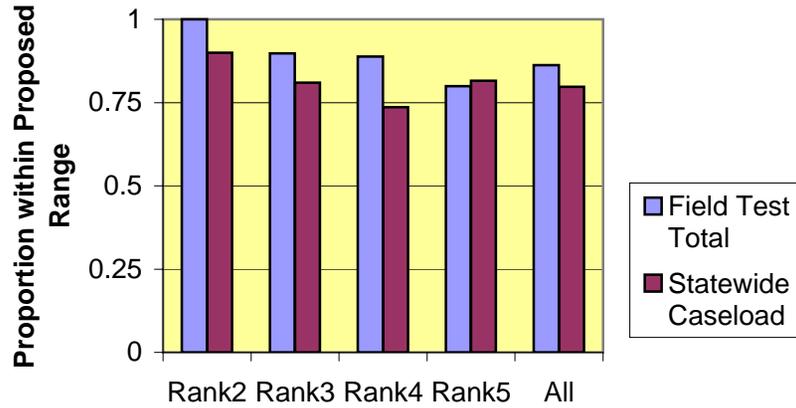
- To achieve statewide consistency, WIC Section 12301.2 requires CDSS, with input from Stakeholders, to develop HTGs by identifying a "normal range of time" for each task and exception criteria without shifting to costs to other governmental programs. It also provides for consideration of "existing utilization patterns."
- Proposed HTGs meet the requirement of establishing a "normal range of time" with consideration of "existing utilization patterns," using a functional limitations interquartile range calculated from statewide CMIPS data (February 2005).
- Alternative methods were considered, but not utilized because the ranges were either:
 - Too restrictive to qualify as a "normal range of time," given the variances in service authorizations and would result in too many exceptions needed; or
 - Too broad to provide enough guidance to result in statewide consistent practices for authorizing time for tasks.

Hourly Task Guidelines
 Field Test Statistical Results
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Meal Preparation



Meal Preparation

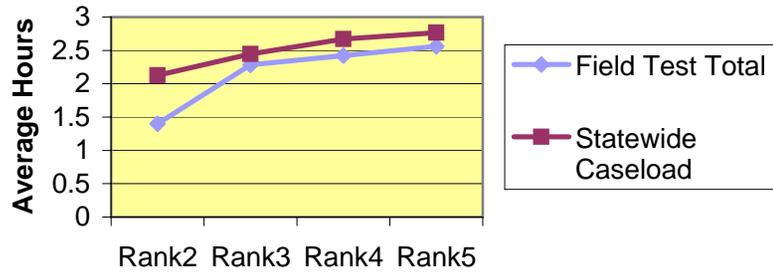


Meal Preparation

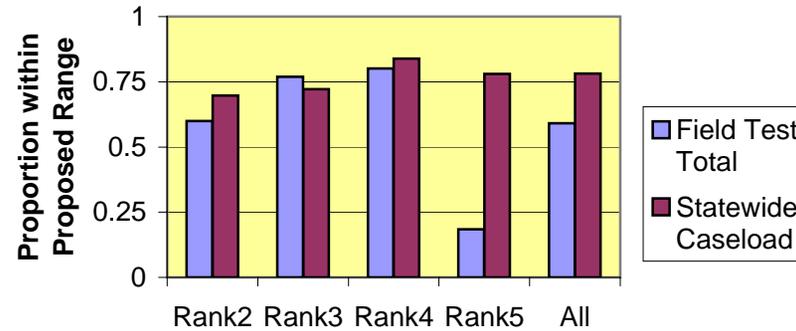
Proposed HTG Ranges

	Low	High
Rank 2	3.05	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Meal Cleanup



Meal Cleanup

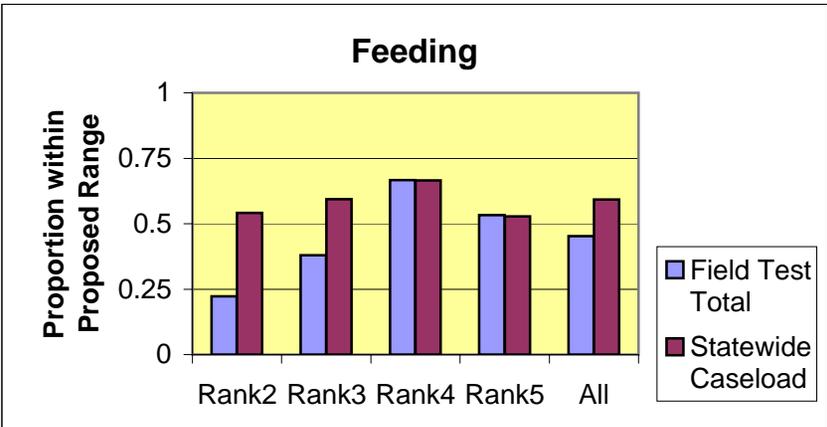
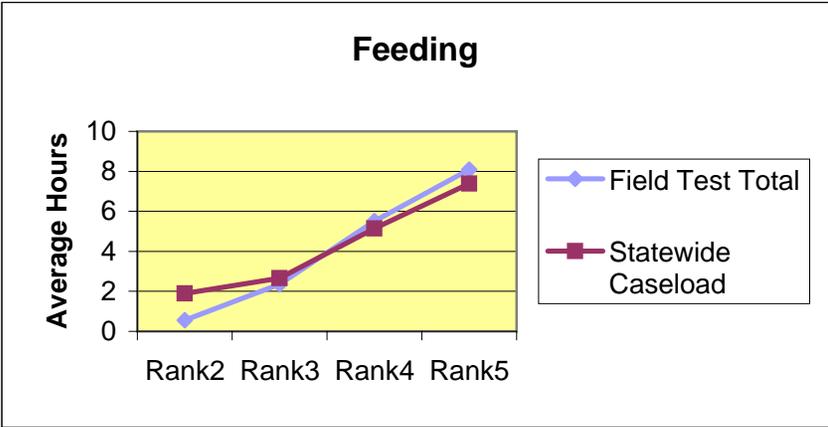


Meal Cleanup

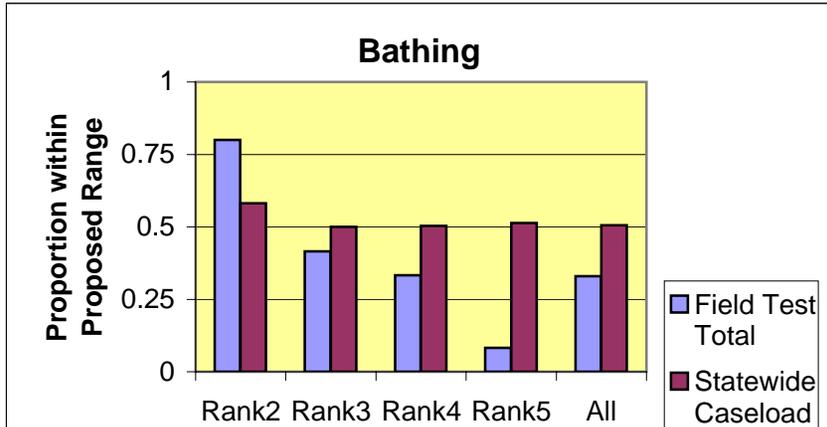
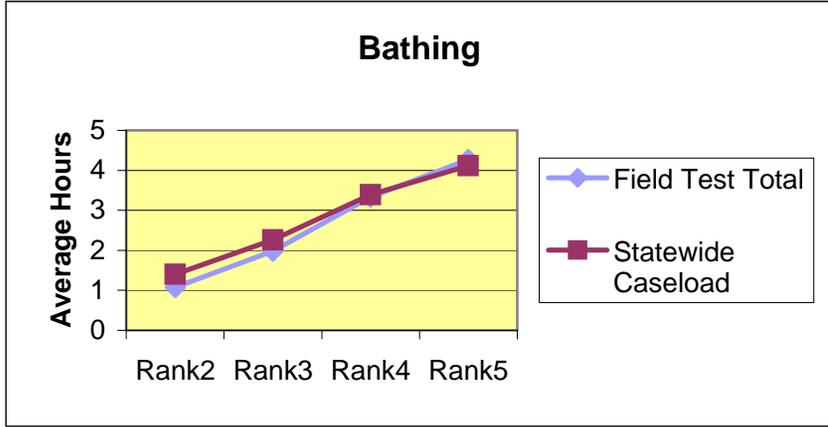
Proposed HTG Ranges

	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

Hourly Task Guidelines
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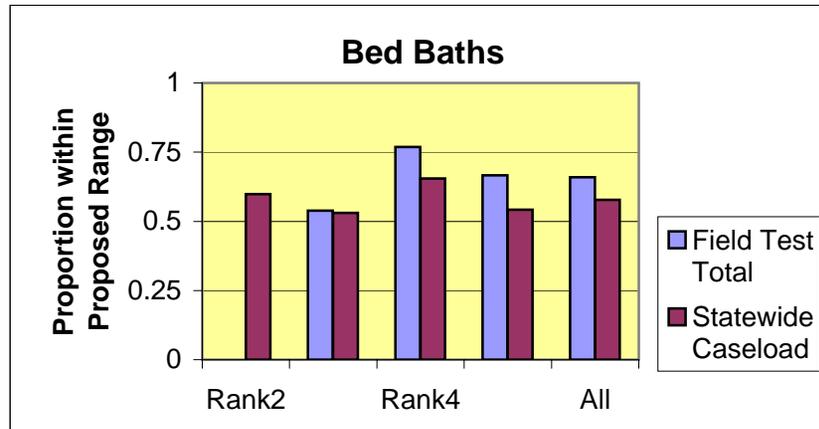
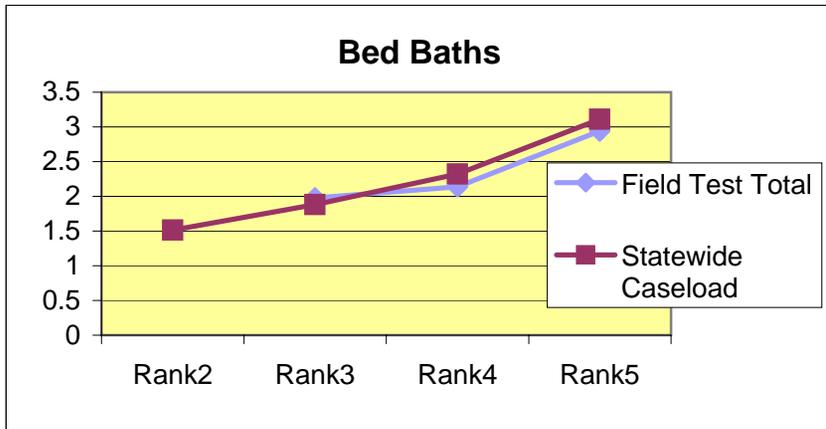


Feeding Proposed HTG Ranges		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

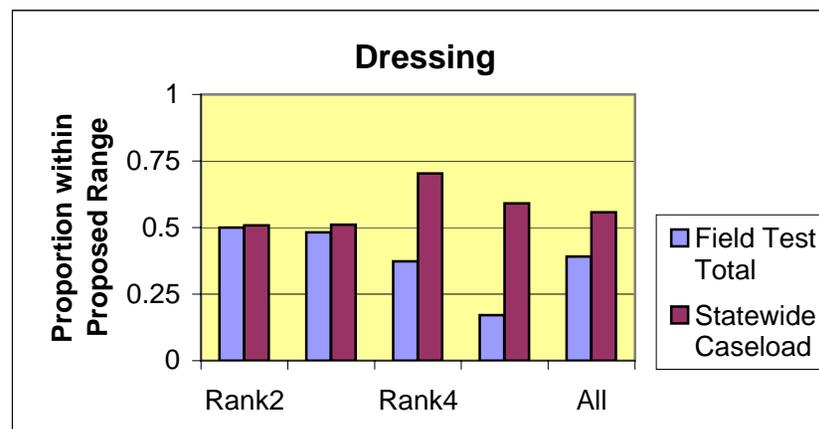
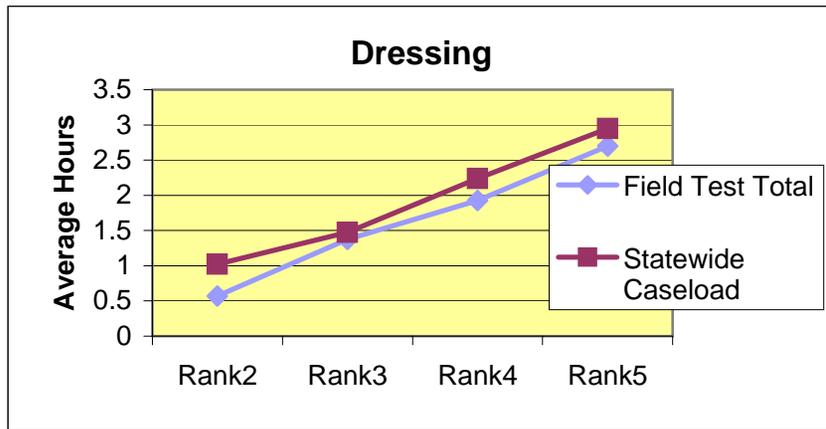


Bathing Proposed HTG Ranges		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

Hourly Task Guidelines
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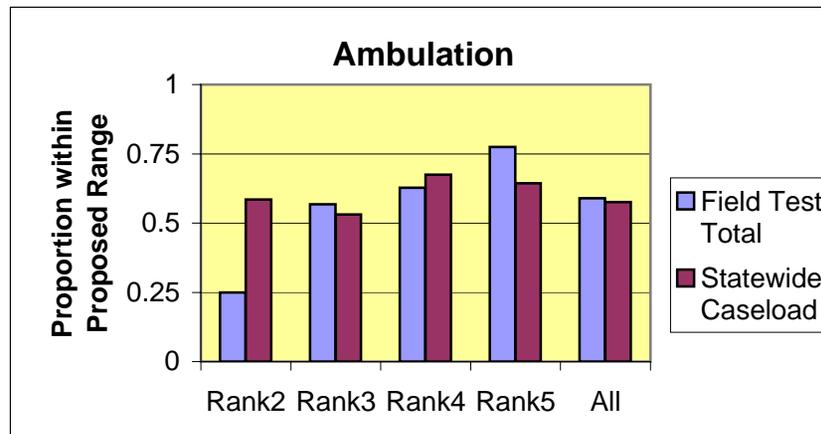
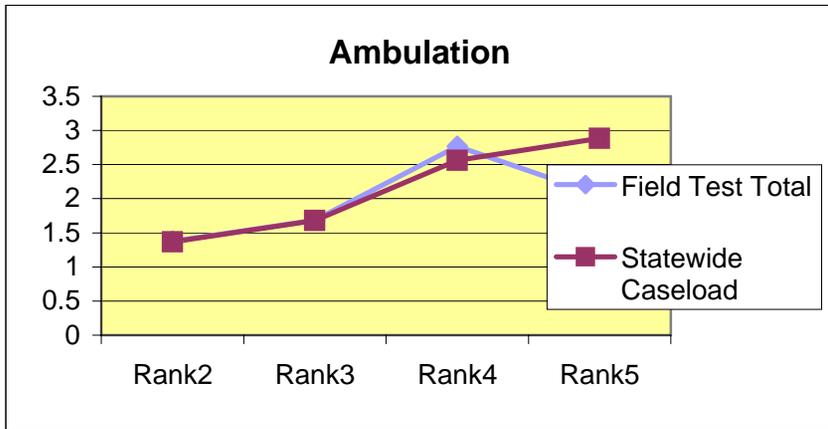


Bed Bath Proposed HTG Ranges		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50



Dressing Proposed HTG Ranges		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

Hourly Task Guidelines
 Field Test Statistical Results
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Ambulation Proposed HTG Ranges

	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50



Transfer Proposed HTG Ranges

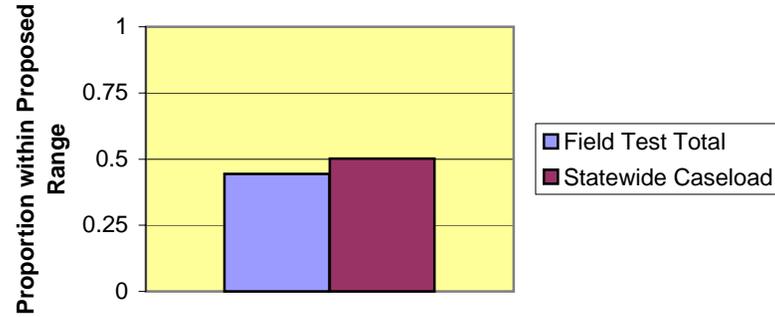
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

Hourly Task Guidelines
 Field Test Statistical Results
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Rubbing Skin and Repositioning



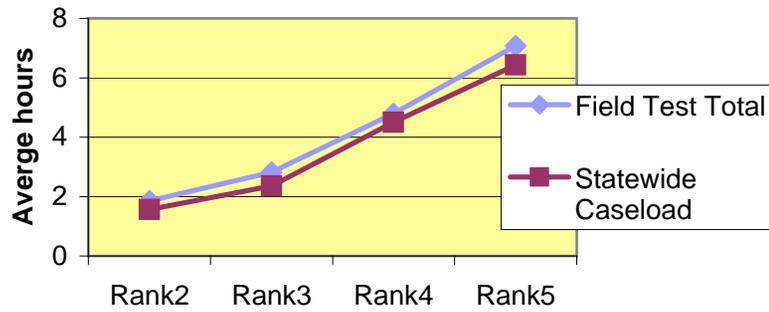
Rubbing Skin and Repositioning



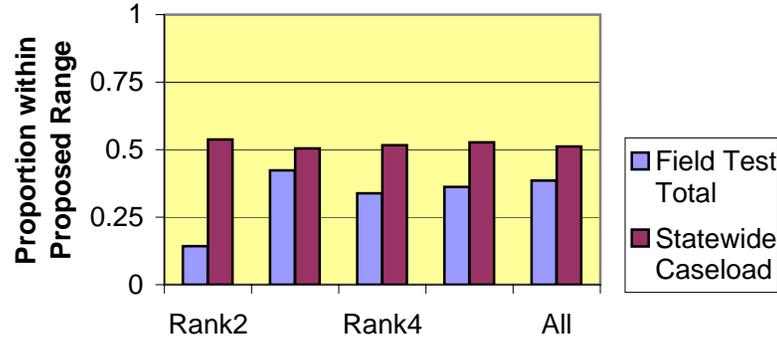
**Repositioning
Proposed HTG**

Ranges		
	Low	High
All	0.75	2.80

Bowel and Bladder



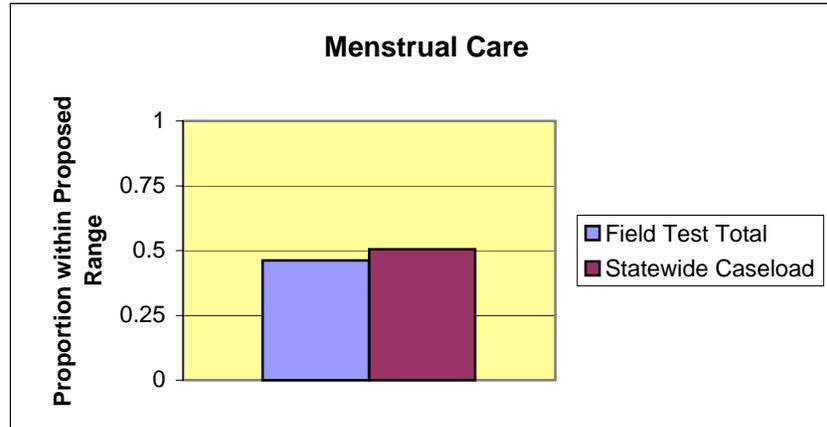
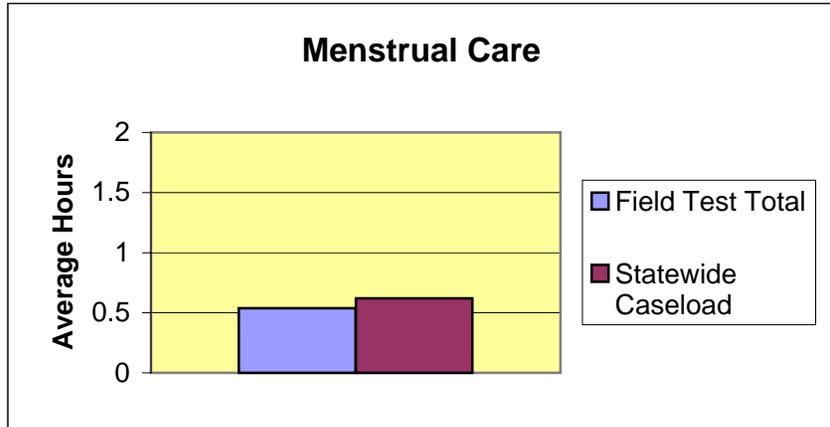
Bowel and Bladder



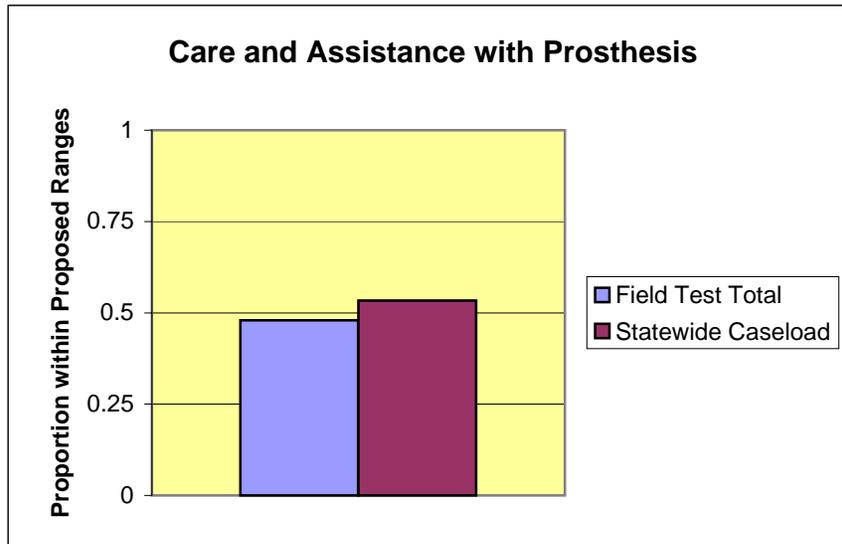
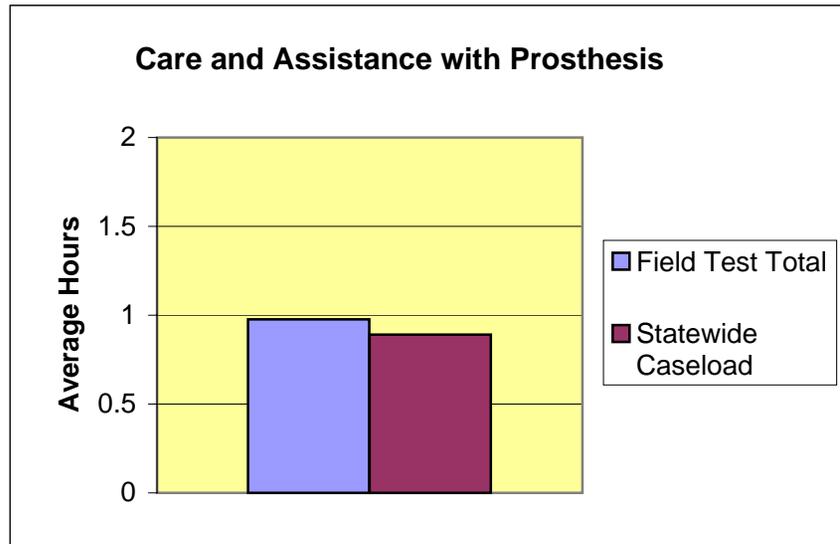
**Bowel & Bladder
Proposed HTG**

Ranges		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

Hourly Task Guidelines
 Field Test Statistical Results
 January 2006



Menstrual Care Proposed HTG Ranges		
	Low	High
All	0.28	0.80



Prosthesis Proposed HTG Ranges		
	Low	High
All	0.47	1.12

Meal Preparation					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	2	157	197	174	530
Statewide Caseload	1,681	64,167	76,982	179,815	322,645
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	3.50	5.78	6.54	6.88	6.41
Statewide Caseload	4.70	5.55	6.46	6.92	6.53
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	100%	90%	89%	80%	86%
Statewide Caseload	90%	81%	74%	82%	80%

Meal Cleanup					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	5	165	196	174	540
Statewide Caseload	2,051	65,569	76,973	179,660	324,253
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	1.40	2.28	2.42	2.56	2.41
Statewide Caseload	2.13	2.44	2.67	2.77	2.67
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	60%	77%	80%	18%	59%
Statewide Caseload	70%	72%	84%	78%	78%

Feeding					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	9	58	24	15	106
Statewide Caseload	5,318	34,592	12,505	10,490	62,905
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	0.55	2.35	5.52	8.09	3.73
Statewide Caseload	1.90	2.66	5.14	7.38	3.89
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	22%	38%	67%	53%	45%
Statewide Caseload	54%	59%	67%	53%	59%

Bathing					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	20	272	117	61	470
Statewide Caseload	8,241	171,083	82,485	39,163	300,972
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All

Field Test Total	1.08	1.98	3.33	4.27	2.58
Statewide Caseload	1.40	2.26	3.39	4.12	2.78
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	80%	42%	33%	8%	33%
Statewide Caseload	58%	50%	50%	51%	51%

Bed Bath					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	0	13	13	21	47
Statewide Caseload	142	10,467	7,683	9,827	28,119
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total		1.98	2.14	2.94	2.45
Statewide Caseload	1.51	1.88	2.32	3.11	2.55
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	None	54%	77%	67%	66%
Statewide Caseload	60%	53%	66%	54%	58%

Dressing					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	14	253	91	44	402
Statewide Caseload	9,390	170,757	51,919	25,236	257,302
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	0.57	1.38	1.93	2.70	1.62
Statewide Caseload	1.02	1.47	2.24	2.95	1.76
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	50%	48%	37%	17%	39%
Statewide Caseload	51%	51%	70%	59%	56%

Ambulation					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	12	162	51	31	256
Statewide Caseload	7,279	102,827	32,834	17,082	160,022
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	1.38	1.69	2.77	2.05	1.93
Statewide Caseload	1.37	1.68	2.56	2.89	1.98
	% in Range				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	25%	57%	63%	77%	59%
Statewide Caseload	59%	53%	67%	64%	58%

Transfer					
Caseload					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	7	164	43	30	244
Statewide Caseload	7,088	105,567	26,963	17,762	157,380
Average Total Need Hours					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	0.67	1.17	1.55	2.38	1.38
Statewide Caseload	0.96	1.10	1.81	2.54	1.38
% in Range					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	57%	60%	74%	77%	65%
Statewide Caseload	68%	55%	57%	67%	57%

Rub Skin and Repositioning					
Caseload					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					297
Statewide Caseload					164,793
Average Total Need Hours					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					2.20
Statewide Caseload					2.22
% in Range					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					44%
Statewide Caseload					50%

Bowel and Bladder					
Caseload					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	7	151	62	47	267
Statewide Caseload	5,433	97,186	37,986	25,641	166,246
Average Total Need Hours					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	1.86	2.82	4.80	7.08	4.00
Statewide Caseload	1.57	2.36	4.50	6.44	3.45
% in Range					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total	14%	42%	34%	36%	39%
Statewide Caseload	54%	50%	52%	53%	51%

Menstrual Care					
Caseload					
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					26
Statewide Caseload					12,063
Average Total Need Hours					

	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					0.54
Statewide Caseload					0.62
	% in Range				
Field Test Total					46%
Statewide Caseload					51%

Prosthesis					
	Caseload				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					371
Statewide Caseload					184,922
	Average Total Need Hours				
	Rank2	Rank3	Rank4	Rank5	All
Field Test Total					0.98
Statewide Caseload					0.89
	% in Range				
	2	3	4	5	All
Field Test Total					48%
Statewide Caseload					53%

Field Test Explanation Log
 January 2006 Hourly Task Guidelines

TASK	EXPLANATION
Ambulation	Excessive movement from bed to commode (3' away)
Ambulation	Excessive urination at night
Ambulation	Broken leg set incorrectly and blindness
Ambulation	Accident caused severe back pain, nor grip or feeling to right hand requiring IP to slowly perform task
Ambulation	Loss of balance requires IP to perform task slowly
Ambulation	IP is required to slowly perform task due to frailty
Ambulation	Process slowed down due to stairs inside apartment
Ambulation	Limited use of hands, frequent urination, & loss of balance requires more assistance w/task
Ambulation	Unable to walk, no assistance required
Ambulation	Bed bound
Ambulation	Worse days unable to ambulate bed bound
Ambulation	Wheelchair bound only requires assistance while on carpet
Ambulation	Requires extra assistance/direction due to recent blindness
Bathing & Grooming	Only requires assistance two days a week
Bathing & Grooming	Only requires assistance to get in/out of shower and wash back four times a week
Bathing & Grooming	Only requires assistance to get in/out of shower
Bathing & Grooming	Only requires assistance one day per week during a bad day
Bathing & Grooming	Only requires minor assistance four days per week
Bathing & Grooming	Only requires minor assistance
Bathing & Grooming	Showers one day per week due to depression
Bathing & Grooming	Only requires assistance to get in/out of shower two times per week
Bathing & Grooming	Extra time required due to consumer's length of hair
Bathing & Grooming	IP is required to slowly perform task due to severe Arthritis & Alzheimer's
Bathing & Grooming	Pain & limited flexibility requiring IP to slowly perform tasks seven days per week
Bathing & Grooming	Quadriplegic and over weight requiring all tasks to be performed seven days per week
Bathing & Grooming	Brushing teeth is slowed down due to the combativeness of consumer
Bathing & Grooming	Arthritis, loss of flexion extension, & unable to turn wrists requires IP to slowly perform task
Bathing & Grooming	Only requires assistance w/combing hair
Bathing & Grooming	Only requires assistance w/set-up of bathing-hygiene
Bathing & Grooming	Only requires assistance w/combing hair
Bathing & Grooming	Process slowed down due to uncooperativeness
Bathing & Grooming	Limited use of hands requires full assistance w/bathing & hygiene
Bathing & Grooming	Frequently sweats, requires extra bathing
Bathing & Grooming	Only requires assistance to get in/out
Bathing & Grooming	Administration process slowed down due to obesity
Bathing & Grooming	Incontinent, requires additional bathing
Bathing & Grooming	Quadriplegic & excessive weight, requires total application of all tasks
Bed Baths	Administered twice a day
Bed Baths	Excessive bowel & bladder accidents

Field Test Explanation Log

January 2006 Hourly Task Guidelines

Bed Baths	Excessive urination due to medication (Lasix) requiring additional assistance in and out of bed
Bed Baths	Requires additional bathing due to excessive sweating
Bowel & Bladder	Frequency with bowel & bladder
Bowel & Bladder	Only requires assistance getting off toilet
Bowel & Bladder	Only requires assistance to change diapers four days a week
Bowel & Bladder	Only requires assistance to empty portable commode each morning
Bowel & Bladder	Excessive urination due to medication (Lasix) and Consumer's hands are curled
Bowel & Bladder	Only requires assistance on/off toilet
Bowel & Bladder	Excessive bowel & bladder, accidents, and diaper changes
Bowel & Bladder	Excessive urination and use of a bedside commode requiring cleaning after each use
Bowel & Bladder	Weight & combativeness of consumer requires IP to move slowly and carefully
Bowel & Bladder	Excessive urination, stiffen limbs, & over weight requires IP to slowly perform tasks seven times per day
Bowel & Bladder	Excessive urination
Bowel & Bladder	Only requires assistance w/clean-up after an accident
Bowel & Bladder	No voluntary muscle control & muscle spasms require diaper changes to be performed in a slow manner to allow muscles to relax
Bowel & Bladder	Requires extra assistance/direction due to recent blindness
Bowel & Bladder	Requires extra cleaning after accidents (walls & floors)
Bowel & Bladder	Quadriplegic - requires changing several times a day and catheter to be emptied and replaced
Care & Assistance w/Prosthesis	Multiple medications to be taken
Care & Assistance w/Prosthesis	Multiple medications to be taken and eye drops to administer
Care & Assistance w/Prosthesis	Multiple medications to set-up and administer
Care & Assistance w/Prosthesis	Multiple medications to set-up and administer
Care & Assistance w/Prosthesis	Multiple medications to set-up and administer
Care & Assistance w/Prosthesis	Administration process is slowed down due to the combativeness of consumer
Care & Assistance w/Prosthesis	Multiple medications to set-up
Care & Assistance w/Prosthesis	Multiple medications to set-up
Care & Assistance w/Prosthesis	Only requires occasional assistance w/opening bottle
Care & Assistance w/Prosthesis	Multiple medications and eye drops to be administered throughout the day
Dressing	Three changes per day
Dressing	Only requires assistance one day per week during a bad day
Dressing	Only requires assistance with socks
Dressing	Excessive bowel & bladder accidents
Dressing	Chronic arthritis & obese w/limited movement requiring IP to slowly perform task
Dressing	Paralysis, stiff muscles, and over weight requiring IP to slowly perform task two times per day
Dressing	Weight & combativeness of consumer requires IP to move slowly and carefully
Dressing	Stiffen limbs & over weight requires IP to slowly perform task
Dressing	Administration process is slowed down due to the combativeness of consumer, requires dressing three times per day

Field Test Explanation Log

January 2006 Hourly Task Guidelines

Dressing	Arthritis, loss of flexion extension, & unable to turn wrists requires IP to slowly perform task
Dressing	Multiple changes due to pool therapy
Dressing	No assistance from consumer
Dressing	Only requires assistance w/putting & tying shoes
Dressing	Limited use of hands requires full assistance w/task
Dressing	Excessive bowel/bladder accidents
Dressing	Requires extra changing due to incontinence
Dressing	Excessive urination
Dressing	Excessive dressing due to Mental Illness - consumer inappropriately dresses self
Feeding	Extra time needed because consumer eats six times a day
Feeding	Minor child requires cutting food time was given under feeding
Feeding	IP required to slowly perform task
Feeding	IP required to slowly perform task
Feeding	Does not require daily assistance
Feeding	Requires food to be cut into bite-size pieces and fed
Feeding	Requires extra assistance/direction due to recent blindness
Feeding	Requires food to be cut into bite-size pieces
Feeding	Requires food to be cut into bite-size pieces
Feeding	Quadriplegic - requires constant presence and feeding
In & Out of Bed/Transfer	Frequency transferring because of excessive Bowel and Bladder
In & Out of Bed/Transfer	Only requires assistance one day per week during a bad arthritic day
In & Out of Bed/Transfer	Weight & combativeness of consumer requires IP to move slowly and carefully
In & Out of Bed/Transfer	Hoyer Lift is required to perform task
In & Out of Bed/Transfer	Excessive transfer from seat to seat
In & Out of Bed/Transfer	Arthritis, loss of flexion extension, & unable to turn wrists requires IP to slowly perform task
In & Out of Bed/Transfer	IP is required to slowly perform task due to frailty and weakness
In & Out of Bed/Transfer	Wheelchair bound & takes naps during the day
In & Out of Bed/Transfer	Excessive urination
In & Out of Bed/Transfer	Daily naps
In & Out of Bed/Transfer	Quadriplegic - requires Hoyer lift due to excessive weight
In & Out of Bed/Transfer	Unable to come to a sitting or lying position w/out assistance
In & Out of Bed/Transfer	Does not need assistance w/task
Meal Preparation	Spouse works unavailable to prepare breakfast & lunch Monday - Friday
Meal Preparation	Meals to be pureed and has special dietary requirements
Meal Preparation	Special dietary requirements
Meal Preparation	Only requires assistance w/dinner
Meal Preparation	Special dietary requirements
Meal Preparation	IP cooks meals at home & brought to client
Meal Preparation	Requires food to be pureed and finely chopped
Meal Preparation	Limited use of hands requires food to be cut into bite size pieces
Meal Preparation	Special Diet (diabetic)
Meal Preparation	Special Diet (diabetic)
Meal Preparation	Blind, requires food to be cut into bite size pieces & requires assistance w/plate prep & direction
Meal Preparation	No assistance required, microwaveable meals

Field Test Explanation Log

January 2006 Hourly Task Guidelines

Meal Preparation	No assistance required, TV. dinners (easy meals)
Meal Preparation	Only requires assistance w/lunch & dinner
Meal Preparation	Only requires assistance w/dinner
Meal Preparation	Arthritis & Alzheimer's requires food to be cut into bite size pieces
Meal Preparation	Requires food to be cut into bite-size pieces
Meal Preparation	Requires food to be cut into bite-size pieces
Meal Preparation	Requires food to be cut into bite-size pieces
Meal Preparation	Requires food to be pureed
Menstrual Care	Excessive changes and accidents
Menstrual Care	Last six days, requires frequent changes
Rubbing Skin/Repositioning	Activity required 16 times per day
Rubbing Skin/Repositioning	Broken leg, blindness, and to ease pain for rubbing joints, etc.
Rubbing Skin/Repositioning	Limber stiffened joints & soothe pain by applying lotions and rubbing skin
Rubbing Skin/Repositioning	Only requires massaging two days per week
Rubbing Skin/Repositioning	IP is required to slowly perform task to avoid severe pain
Rubbing Skin/Repositioning	IP is required to slowly perform task to avoid severe pain
Rubbing Skin/Repositioning	IP is required to slowly perform task due to frailty and weakness
Rubbing Skin/Repositioning	No voluntary muscle control which requires assistance while in a chair & and in bed
Rubbing Skin/Repositioning	Paraplegic requires Range of Motion
Rubbing Skin/Repositioning	Only requires assistance to spray "stop pain" on back
Rubbing Skin/Repositioning	Quadriplegic & excessive weight, requires total application of all tasks
Rubbing Skin/Repositioning	Quadriplegic - requires full body lotioning & frequent repositioning